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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

AUSTRIA A 1069/2002 07/16/2002

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AUSTRIA	SHEETS DRAWING 4	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
Verified and Acknowledged <i>gls</i> Examiner's Signature	<i>AK</i> Initials			

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TITLE

Handle or angled member for dental tool

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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